

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050378

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** CARLYLE BEACH ASSOCIATES, LLC

**Current Principal Place of Business:**

60 CUTTER MILL ROAD, SUITE 303  
509  
GREAT NECK, NY 11021

**New Principal Place of Business:**

**Current Mailing Address:**

60 CUTTER MILL ROAD, SUITE 303  
509  
GREAT NECK, NY 11021

**New Mailing Address:**

**FEI Number:** 20-1332143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., SUITE 508  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TLQ REALTY GROUP, LL, C  
Address: 60 CUTTER MILL ROAD, SUITE 509  
City-St-Zip: GREAT NECK, NY 11021

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: GOULD SOUTH BEACH, L, LC  
Address: 60 CUTTER MILL ROAD, SUITE 303  
City-St-Zip: GREAT NECK, NY 11021 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ISAAC KALISH

CTR

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date